

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/731,731
	Filing Date	12/9/2003
	First Named Inventor	Jeffrey Balzer
	Art Unit	3762
	Examiner Name	Getzow, Scott M
	Confirmation Number	5156
	Attorney Docket Number	337348040US1 (09-114 US)

I hereby revoke all previous powers of attorney given in the above-identified application.											
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>89010</b> </div>										
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number									
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Please recognize or change the correspondence address for the above-identified application to:													
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. <b>OR</b> <input type="checkbox"/> The address associated with Customer Number:													
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>													
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"> <input type="checkbox"/> Firm or Individual Name            Address            City            Country            Telephone         </td> <td style="width: 40%;"></td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td></td> <td>Email</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Firm or Individual Name Address City Country Telephone		State	Zip				Email		
<input type="checkbox"/> Firm or Individual Name Address City Country Telephone		State	Zip										
		Email											

I am the:			
<input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on _____</i>			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature	/Peter Lando, #45513/ <b>Pete Lando</b>	Date	July 24, 2009
Name		Telephone	972-309-8509
Title and Company	<b>Vice President Intellectual Property Affairs and Business Development</b>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☒ \*Total of 1 forms are submitted.